

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

OCEAN CHAMPIONS VOTER FUND

(b) Address (number and street) ☐ check if different than previously reported

202 SAN JOSE AVENUE

(c) City, State and ZIP Code

CAPITOLA

CA

95010

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30000368**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 1 0

through

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 1 0**(b) Communication Title** SAY WHAT?**6. The filer is a(n):** (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

DAVID WILMOT

(b) Address (number and street)

202 SAN JOSE AVENUE

(c) City, State and ZIP Code

CAPITOLA

CA

95010

(d) Name of Employer or Principal Place of Business

OCEAN CHAMPIONS

(e) Occupation

PRESIDENT

**9. Total Donations This Statement**

150000.00

**10. Total Disbursements/Obligations This Statement**

49867.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

MIKE DUNMYER

SIGNATURE Electronically Filed by MIKE DUNMYER

DATE 03/02/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.